

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031287

4045

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4045

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **KANSAS CITY**

Length of stay in lb
8 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **VA HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI**

b. COUNTY **BENTON**

c. CITY
OR
TOWN **COLE CAMP**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
none

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **RALPH**

Middle **HENRY**

Last **SCHWALD**

4. DATE
OF
DEATH

Month **AUGUST**

Day **4**

Year **1962**

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-30-96

9. AGE (last birthday)
65-66

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WV Leg Farmer

10b. KIND OF BUSINESS OR INDUSTRY
General

11. BIRTHPLACE (City and state or country)
Cole Camp, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joseph Schwald

13b. MOTHER'S MAIDEN NAME

Mary Conraady

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWT

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Address

VA HOSPITAL OFFICIAL RECORDS, K. C. MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **MY OCARDIAL INFARCTION**

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) **CORONARY OCCUSION**

DUE TO (c) **GENERALIZED ATHEROSCLEROSIS**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
POST OPERATIVE STATE, RECENT EXCISION AORTIC ANEURYOM AND FEMORAL ENDARTERECTOMY

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from **7-27-62** to **8-4-62** and last day of life on **8-4-62**
Death occurred **8-5-62** P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title)

M.D.

22b. ADDRESS

VA Hospital, K. C. Mo.

22c. DATE SIGNED

8-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-7-1962

23c. NAME OF CEMETERY OR CREMATORY

Cole Camp

23d. LOCATION (City, town, or county)

Cole Camp, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wagner Funeral Home, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

8-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Stephen Parks

AUG 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address 19. C. Mc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.